

**FITZPATRICK, CELLA, HARPER & SCINTO**

30 Rockefeller Plaza  
New York, NY 10112-3801  
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<b>TO:</b>	Examiner Yosef Kassa US Patent and Trademark Office GAU 2625		
<b>FROM:</b>	Fritz Klantschi		
<b>RE:</b>	U.S. Patent Appln. No. 09/557,912 Our Ref.: 03560.002573		
<b>FAX NO.:</b>	703-872-9315		
<b>DATE:</b>	October 31, 2003	<b>NO. OF PAGES:</b>	12
		<small>(including cover page)</small>	
<b>TIME:</b>		<b>SENT BY:</b>	

**MESSAGE**

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Response Under 37 C.F.R. § 1.116  
Group Art Unit 2625, Expedited Procedure

In re Application of:

Docket No. 03560.002573.

KEN-ICHI OHTA

Application No.: 09/557,912

Examiner: Y. Kassa

Filed: April 21, 2000

Group Art Unit: 2625

For: COLOR-IMAGE PROCESSING APPARATUS  
 AND METHOD, AND STORAGE MEDIUM

Date: October 31, 2003

Mail Stop AF  
 Commissioner for Patents  
 P.O. Box 1450  
 Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an Amendment After Final Action in the above-identified application.

☒ No additional fee is required.

The fee has been calculated as shown below

CLAIMS AS AMENDED						
	(2) CLAIMS REMAINING AFTER AMENDMENT		(4) HIGHEST NO. PREVIOUSLY PAID FOR	(5) PRESENT EXTRA	RATE	ADDITIONAL FEE
TOTAL CLAIMS	* 21	MINUS	** 21	= 0	x \$9 \$18	\$0
INDEP. CLAIMS	* 3	MINUS	*** 3	= 0	x \$43 \$86	\$0
Fee for Multiple Dependent claims \$145/\$290						\$0
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT---						\$0

- \* If the entry in Column 2 is less than the entry in Column 4, write "0" in Column 5.
- \*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.
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- ☐ \*Verified Statement claiming small entity status is enclosed, if not filed previously.
- ☐ A check in the amount of \$\_\_\_\_\_ is enclosed.
- ☐ Charge \$\_\_\_\_\_ to Deposit Account No. 06-1205. A duplicate copy of this sheet is enclosed.
- ☒ Any prior general authorization to charge an issue fee under 37 C.F.R. 1.18 to Deposit Account No. 06-1205 is hereby revoked. The Commissioner is hereby authorized to charge any additional fees under 37 C.F.R. 1.16 and 1.17 which may be required during the entire pendency of this application, or to credit any overpayment, to Deposit Account No. 06-1205. A duplicate copy of this paper is enclosed.
- ☐ A check in the amount of \$\_\_\_\_\_ to cover the fee for a \_\_\_\_\_-month extension is enclosed.
- ☐ A check in the amount of \$\_\_\_\_\_ to cover the Information Disclosure Statement fee is enclosed.
- ☒ Applicant's undersigned attorney may be reached in our New York office by telephone at (212) 218-2100. All correspondence should continue to be directed to our address given below.

Respectfully submitted,

  
Attorney for Applicant

Registration No. 29,296

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